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**TRANSMITTAL  
FORM**

(to be used for all correspondence after initial filing)

		Application Number	10/634,742
		Filing Date	August 4, 2003
		First Named Inventor	Michael Spaid
		Art Unit	1641
		Examiner Name	
Total Number of Pages in This Submission		Attorney Docket Number	100/15901

**ENCLOSURES (Check all that apply)**

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance communication to Technology Center (TC)
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input checked="" type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	Declaration, Copy of Notice of Missing Parts
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application		
<input checked="" type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		
Remarks		
Please charge Deposit Account No. 03-0177 for any additional fees associated with this paper or during pendency of this application		

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm or Individual name	Donald R. McKenna, Reg. No. 44,922
Signature	
Date	11/17/03

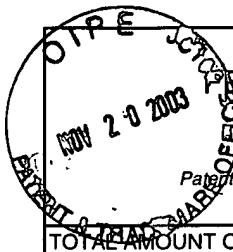
**CERTIFICATE OF TRANSMISSION/MAILING**

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Typed or printed name	Michelle Chan
Signature	
	Date Nov. 17, 2003

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.


**FEE TRANSMITTAL  
for FY 2004**

Patent fees are subject to annual revision

**TOTAL AMOUNT OF PAYMENT**

\$1,526

100/15901

		Complete if Known			
		Application Number		10/634,742	
		Filing Date		August 4, 2003	
		First Named Inventor		Micha I Spaid	
		Examiner Name			
		Group/Art Unit		1641	

**TOTAL AMOUNT OF PAYMENT**

\$1,526

100/15901

METHOD OF PAYMENT (check one)		FEE CALCULATION (continued)			
Credit	Money				
Check	Card	Order	Other		

 Deposit Account:

Deposit

Account

Number

Deposit

Account

Name

03-0177

Caliper Technologies Corp.

The Commissioner is authorized to: (check all that apply)

 Charge fee(s) indicated below  Credit any overpayments Charge any additional fee(s) during the pendency of this applicationCharge fee(s) indicated below, except for the filing fee  
to the above-identified deposit account**FEE CALCULATION****1. BASIC FILING FEE**

Large Fee Code	Entity (\$)	Small Fee Code	Entity (\$)	Fee Description	Fee Paid
1001	770	2001	385	Utility filing fee	770
1002	340	2002	170	Design filing fee	
1003	530	2003	265	Plant filing fee	
1004	770	2004	385	Reissue filing fee	
1005	160	2005	80	Provisional filing fee	
SUBTOTAL (1)					770

**2. EXTRA CLAIM FEES**

Total claims	50 -20** =	30	x	Fee from below	Fee Paid
Independent Claims	4 -3** =	1		18	540
Multiple Dependent				86	86

Large Fee Code	Entity (\$)	Small Fee Code	Entity (\$)	Fee Description	Fee Paid
1202	18	2202	9	Claims in excess of 20	
1201	86	2201	43	Independent claims in excess of 3	
1203	290	2203	145	Multiple dependent claims, if new	
1204	86	2204	43	**Reissue independent claims over original patent	
1205	18	2205	9	**Reissue claims in excess of 20 and over original patent	
SUBTOTAL (2)					626

\*\*or number previously paid, if greater; For Reissues, see above

		Complete if Known			
Typed or Printed Name	Donald R. McKenna				
Signature		Date	11/17/03	Deposit Account User ID	03-0177

**CERTIFICATE OF MAILING OR TRANSMISSION**

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Typed or Printed Name **Mich II Chan**

Signature

Date **November 17, 2003**